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L	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTOF	INEY DOCKET NO.	
	09/220,	,284 12/2	23/98 WRIGHT	G	JWRIGHT.008	8C
Γ	_		٦	EXAM	NER	
		MARTENS OL VPORT CENTE	LM02/0204 SON & BEAR LLP R DRIVE	ART UNIT	PAPER NUMBER	
		NTH FLOOR F BEACH CA	92660	2771 DATE MAILED:	4	
					02/04/00	

Piease find below and/or attached an Office communication concerning this application or proceeding.

Commissioner of Patents and Trademarks

See attached PTO-892 and references





Wright

Application No. Applicant(s) 09/220,284

Interview Summary	Examiner Charles Rones	Group Art Unit 2771
All participants (applicant, applicant's representative, PTO	personnel):	
(1) Thomas Black	_ (3)	
(2) John Carson		
Date of Interview Jan 14, 2000	_	
Type: Telephonic Personal (copy is given to	□ applicant 🛛 applicant's	representative).
Exhibit shown or demonstration conducted:	No. If yes, brief description	า:
Agreement was reached. was not reached.		
Claim(s) discussed: 1 and 30		
Identification of prior art discussed:	otus' a Mail	
In correct this he att	nted claim	to a your Referrant to it to applica
(A fuller description, if necessary, and a copy of the amen the claims allowable must be attached. Also, where no co is available, a summary thereof must be attached.)		
1. It is not necessary for applicant to provide a separate	rate record of the substance o	of the interview.
Unless the paragraph above has been checked to indicate LAST OFFICE ACTION IS NOT WAIVED AND MUST INCL Section 713.04). If a response to the last Office action has FROM THIS INTERVIEW DATE TO FILE A STATEMENT OF	UDE THE SUBSTANCE OF THas already been filed, APPLIC	HE INTERVIEW. (See MPEP ANT IS GIVEN ONE MONTH
 Since the Examiner's interview summary above (in each of the objections, rejections and requirement claims are now allowable, this completed form is of Office action. Applicant is not relieved from provisis also checked. 	s that may be present in the considered to fulfill the respon	last Office action, and since the nse requirements of the last
		JOB COMAS G. BLACK EXAMINE
Examiner Note: You must sign and stamp this form unless it is an a	attachment to a signed Office actio	SUPERVISORY PAIL TOO